



TEMPLE SINAI

# Junior Youth Group

## Temple Sinai's Middle School Youth Group Grades 5-7

Name of Participant: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ Email: \_\_\_\_\_ Parent's Email \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names & Cell Phone Numbers: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Information

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group Number: \_\_\_\_\_

Does this participant have any allergies? \_\_\_\_\_

Does this participant have any physical or emotional concerns of which the Temple Sinai staff should be aware? If so, please describe: \_\_\_\_\_

Does this participant have any dietary restrictions? (kosher, vegetarian, gluten free, etc):  
\_\_\_\_\_

Restrictions on Activities: \_\_\_\_\_

Medications to be taken overnight: \_\_\_\_\_

I give permission to the staff members to dispense medications as needed.  Yes  No

My child may be given the following "over-the-counter" medications:

Tylenol  Advil  Tums  Benadryl  Sudafed  Cough Drops  Other \_\_\_\_\_

\_\_\_\_ My initials on this line confirm that I have paid the 2013-2014 Junior Youth Group membership fee of \$18

### Parent Volunteer Information:

Parental support is crucial to the success of the youth program; please consider helping us in any of the following ways (check all that apply):

\_\_\_\_ Serving on the Youth Committee      \_\_\_\_ Helping to transport participants to/from events  
\_\_\_\_ Chaperoning events      \_\_\_\_ Making Phone Calls      \_\_\_\_ helping w/ mailings